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DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

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PATIENT'S HISTORY CARD

(Continued from page 436)

"History, Personal and Family." "Man" refers to the head of the household, it may be the father of the patient, it may be the husband, or it may be the patient himself. It does not mean the name of the father of a married adult patient unless that married adult patient is wholly dependent on his parents for care and support. If the man is dead, the year and cause of his death and his birthplace are significant and should be asked. The same is true of the "Woman" who is the wife of the man.

Occasionally, in some cities, a nurse may care for a man or a woman in a lodging house, self-dependent people with no near kin. In that case the given names of the parents of this patient are useful for identification purposes. For instance, the relatives of Mary Smith, taken ill with pneumonia and perhaps later dying in a lodging house, are more easily traced if her card shows that she is the daughter of John and Susan, that the father's birthplace was England, the mother's Scotland, and her own America. Of course such a case is an exception, nevertheless our exceptional cases give us far more trouble and hard work than our routine cases; and these little items are extremely helpful in their proper places.

The next line, "Number in Family, Adults and Children," when compared with the number of rooms, asked for later, shows how good or how poor sleeping and living arrangements may be. A larger number of adults than children is also suggestive of a more comfortable income. "Children" includes all members of the family below the compulsory school age (in Illinois 14 years) and all other non-working members under 18 years of age.

"Total Income" is not asked in families paying for the nursing service or being paid for, unless some form of material or medical relief is needed, in which case the nurse should know the income before she offers hospital care, a brace, or public or private material relief. This has been a much disputed point, some nurses thinking that when the

cost of the patient's care was being met by another agency, no questions at all should be asked. However, when this family asks or expects any form of relief through the assistance of the visiting nurse, she will be doing a poor bit of social work if she does not at first ascertain why they cannot secure this relief for themselves. "Income" means all money coming into a family, whether in the form of wages, room-rent, char-work, or what not.

A visiting nurse once sent a patient from a home where English was not spoken, to a free bed in one of our large private hospitals. The patient was found in a state of coma, very ill, and in the back room of a dirty little tenement. A somewhat stoical husband refused to let his wife go to the public hospital, but insisted that he could not pay for hospital service, and from appearances, this was true, therefore a free ambulance was requisitioned and the patient was got to a hospital and her life saved. She was there, in all, nearly four weeks. While there, an undertaker living in the neighborhood went to the local C. O. S. office and complained that the Business Men's Association of that district would no longer help the relief agency, if the wife of one of his most well-to-do neighbors received free care from a hospital that occasionally solicited funds for its support. The family was looked up and it was found that the husband of this patient owned real estate valued at nearly \$25,000 and that he had closed a deal not a week before involving \$8000, that he understood enough English to know what the nurse wanted of him, but that he had no intention of offering to pay for care if he could get it for nothing. The hospital later presented a bill of forty-odd dollars to this man and it was paid without protest. For weeks after that, however, the visiting nurse had an extremely difficult time getting any patients in that neighborhood to go to hospitals for treatment, as they knew about the bill and feared that they would be asked to meet such expenses which most of them could not do. In this case the nurse did the right thing for the patient by getting her promptly into the hospital; her mistake lay in the fact that she did not try to trace the patient through the Social Service Registration Bureau. As a matter of fact, the patient was not registered with the Bureau, but this in itself was a very significant fact. It is not safe to go entirely by appearances when we are giving so much to any patient.

"Roomers, Male, Female," are significant for three reasons. Their presence adds to the overcrowding of small quarters; it undoubtedly adds to the income of the family; a woman roomer living with a widow and small children is not of any special importance; a male roomer, even if distantly related to the family, means that the children may be

unnecessarily exposed to unfortunate associations. In mining towns, in steel towns, and near stock yards, this question of roomers is a very vital one; a great deal of trouble among young, unmarried, non-English-speaking girls may be traced to the congested rooming houses, which are the only homes they know.

"Sanitary Condition, Good, Fair, Poor," means the actual condition of the premises, not dirt and disorder caused by the bad house-keeping of the mother. If conditions are uncommonly bad, this should be emphasized in the space below.

"Rent, House, Tenement, Furnished Rooms," means amount of rent paid, and by writing the sum opposite the word underscored, it is shown in what kind of quarters the family lives. If there is no reason for asking the total income of the family, there is ordinarily no reason for asking the amount of rent and this should not be done; but the type of house in which the family lives should be underscored for future reference.

The question of furnished rooms is a very troublesome one in cities like Boston, Chicago, and New York, probably this is equally true of smaller places. A family consisting of father, mother, and children living in furnished rooms bespeaks a bad start for the little ones. In fact, the lodging or furnished rooming house family is one of the most difficult problems any nurse or family visitor has to meet. It moves so frequently, it possesses so little, its meals are so irregular, and it has so few interests in life that if the family does not begin life as "poor white trash" it just naturally declines into this class. Then again, furnished rooms are hotbeds for the spread of all sorts of infectious diseases. In spite of the city sanitary regulations, visitors frequently see such rooms that have not been cleaned for months, if not for years, and the exposure to each new family entering them cannot be estimated. For these reasons the furnished rooming-house family is one of the hardest that a visiting nurse has to handle. She must, therefore, put her very best efforts on it, frequently to be rewarded with absolute failure and empty rooms, for when she becomes too insistent, the family simply moves over night.

Other classifications of types of houses can easily be added as the next line furnishes space for this.

"Registered with Other Agencies, with Dates" is useful in enlightened cities where social service registration bureaus are organized. A family not known to any other agencies in the city, coming for the first time to the nursing agency, is usually one in which nothing but medical relief will be needed. A family registered with public and

private relief agencies, the Juvenile Court, Legal Aid Society, and three or four others, bids fair to be a difficult case from the start.

"Reported to Other Agencies, with Dates" shows the amount of coöperation the visiting nurse sought, and also is the key to her intelligent handling of the family situation.

"Name of Church" asks the actual name of the church the family attends. "St. John's M. E." is far more significant than the word "Methodist," for it is frequently necessary for a visiting nurse to call a clergyman on short notice or to get in touch with the parish visitor or the St. Vincent de Paul visitor for conferences or advice. If the first worker making the history card fills in the name of the church rather than the denomination, she will save time and questions for the second nurse.

These items take up the first nine lines on this card; the remaining eight are left blank. This space is for family history, social history, earlier physical history, nurse's plan for patient or family, summaries of other cards in the same family, for a general picture of the household, or any other information which will help the nurse or her supervisor or her successor to handle that family wisely. If the family is English-speaking, intelligent, coöperative, illiterate, troublesome, indifferent, these items take but little space and are of very great value later.

In a large association where the head nurse or supervisor makes frequent rounds with the field nurse, the date of the supervisor's visit and her plan should be recorded here. This is especially important if a difference of opinion has arisen between the nurse and other social workers or the nurse and the family. When a nurse is working alone and some of her directors make calls with her occasionally, if she meets another worker by appointment in the home of the patient for whom the card is kept, the date and a brief report of this visit should be put here. This space is not for doctor's orders nor for the patient's present condition.

The reverse of the card is given up to eighteen lines, to be devoted to the "patient's condition, physician's orders, services rendered, fees received, daily coöperation with other agencies." It is ruled off into "Date" space, three spaces for "Temperature, Pulse, Respiration," it is divided in the center by one horizontal line.

When a case is to be carried for a long time and no "T. P. R." is necessary, these spaces need not be considered, the lines may be written over. The central line may be used or ignored, as the amount of information to be recorded indicates. The following instructions are given to the visiting nurses on the Chicago staff. They may not be usable in other cities, but they may be suggestive:

T. P. R. space need not be considered except when taken. Lines may be written over. Central line may be used or ignored, as amount of information to be recorded indicates.

PATIENT'S CONDITION, PHYSICIAN'S ORDERS, SERVICES RENDERED.

State facts in order asked for.

Give brief but clear statement of patient's condition on first visit—then sign full name.

When doctor's orders are obtained, put them down in full.

If complete record is made of these items and services rendered on first visit carefully recorded, *and there is no change in the patient's condition or doctor's orders*, do not make daily notation, but summarize.

TYPICAL CASE

Diagnosis—Burn on R. side of buttocks.

12/9/15—Pt. up playing—temp. 100—area about as large as saucer burned—dressed day before by doctor.

Dr.'s orders—Cleanse with boric sol., apply Rx ointment.

Area cleansed—ointment applied—bandaged—Anna Jones.

12/25/15—15 nursing visits made. Area healing nicely. A. J.

1/25/16—24 nursing visits made. Area almost healed. A. J.

2/4/16—6 nursing visits made. Area practically healed—dry dressing applied. A. J.

DAILY COÖPERATION WITH OTHER AGENCIES

Called H. for Friendless. They will care for Mary while her mother is in hospital.

Called at Chicago Commons regarding Mrs. C. Miss T. will use her influence in getting patient to consent to operation.

Phoned report of Mr. A.'s condition to U. C.

Met U. C. visitor at home by appointment, she agrees, etc.

In long cases, card should be written weekly or fortnightly, showing no. of calls, if pt. at home, care given, condition, etc., and any detail of condition, coöperation, need, etc. If no change in care, condition, etc., only the number of calls with the word "Usual Care" need be recorded. Ditto marks for daily visits should be avoided in all but acute cases. When additional second sheets are required, summarize material on first second sheet on new second sheet and tear up former. Whenever a nurse is transferred from a substation, the Supervisor or relief nurse should go over history cards with her in order that summary of long-drawn-out cases need not be neglected.

Closed cards: red check all omissions and return card to nurse's till. Look for previous history card for same patient or same family. If one is found combine information and file best kept card. Try to summarize and file only one card for a family, whenever possible. Underscore in red all significant items. Summarize along edge or on face of card and file the one sheet rather than three or four sheets. Don't destroy important cards, but be careful not to file too many sheets for the average case.